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The EURAGE Group –
Examining Ageing and Ageism in Context through the European Social Survey

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Abstract

The experience of ageism has important health implications for older adults. Yet, to date very little is known about the interplay of psychological and contextual factors in fostering ageism. This paper presents research conducted by EURAGE (European Research Group on Attitudes to Age) which aims to study the experience of ageism and age prejudice from a multilevel perspective. EURAGE is an international group of researchers with members from the Health for All group at the Centre for Research and Social Intervention (CIS-IUL, Portugal) and the Centre for the Study of Group Processes at the University of Kent (UK). Members of EURAGE designed the *Experiences and Expressions of Ageism* Module in Round 4 of the European Social Survey (ESS) which is perfectly suited for multilevel analyses. The multi-level approach is briefly outlined as well as some of EURAGE's key findings to date. Implications for policy and social interventions are briefly discussed.

Keywords: ageing, ageism, health, multi-level modelling, EURAGE, European Social Survey

Word count: 3,427 (main manuscript)

Europe's population is ageing rapidly, a phenomenon that has also been labelled the 'Greying of Europe' because of the increase in Europe's elderly population relative to its workforce (Eurostat, 2011). This phenomenon poses a number of challenges to the European Union as a geopolitical region in regard to health and social welfare needs, but also concerning the social inclusion of older adults in society. Many older people are excluded from opportunities because of negative attitudes and age stereotypes (Abrams, Eilola, & Swift, 2009). Age discrimination has a detrimental impact both on individuals and on society as a whole. It creates significant costs, for example through lost productivity of older workers and long term health costs of those excluded from economic activity (The European Older People's Platform, 2007). Government figures in the UK estimated that social exclusion of older people (such as the drop of work rates among the over-50s since 1979) costs £16 billion a year in lost Gross Domestic Product and further £3–5 billion in extra benefits and lost taxes (Cabinet Office, 2000). Hence, it is vital to know more about the factors that influence people's attitudes about age in order to counter ageism.

In a global context, Europe is one of the regions with the highest proportions of older people with a median age of 37.7 compared to the world median of 26.4 (Council of Europe, 2005). However, this masks substantial differences among European countries which exist in terms of cultural, socio-economic, and political characteristics (Peace, Dittmann-Kohli, Westerhof, & Bond, 2007). These differences could also explain why people in some countries have more favourable or unfavourable attitudes to age, or more positive or negative experiences with age than in others. For example, variations in contextual factors that generate a social environment in which older people may be seen as a threat to depleting financial

recourses (e.g., through high expenditure on health care) might foster ageism. Despite increasing social psychological research on ageism, little is known about how these contextual factors combine with individual factors in explaining ageism. Nevertheless, identifying the psychological and societal factors that are associated with ageism is a crucial first step in order to develop evidence-based interventions. In this chapter, we will present the work of EURAGE (European Research Group on Attitudes to Age) which is comprised of researchers from the Health for All (H4A) research group at CIS-IUL and which aims to study ageism by taking a multi-level perspective.

In the following sections, we will provide some background information about the importance of studying ageism by focussing on its implications for older people's health. We will then introduce our research group EURAGE as well as the *Experiences and Expressions of Ageism* Module in the European Social Survey (ESS) that we designed and that is perfectly suited for multilevel analyses. We will explain the epistemology of our multilevel approach and illustrate it by providing some key findings from our research. Finally, we will highlight some of the implications of our work for policy and social interventions. Note that we will focus here on the question of ageism towards older people since it takes a distinct form and has a different content from ageism directed at younger people.

Ageism and Health

Ageism, or age discrimination, is stereotyping of and discrimination against individuals or groups because of their age (Butler, 1980). Age, just like gender and ethnicity, serves as a primary perceptual cue people use to categorise one another. When people categorise one another into broad categories such as 'young' and 'old' they also tend to make implicit

inferences about people's abilities, competences and skills. There is accumulating evidence that negative age stereotypes can have wide-reaching detrimental effects on older people. For instance, experimental research has shown that confronting older adults with negative age stereotypes impairs their functioning across different domains, such as their physical health (e.g., Krauss, Whitbourne, & Sneed, 2002), mental capabilities (Hess, Auman, Colcombe, & Rahhal, 2004) and even their will to live (Levy, Ashman, & Dror, 1999-2000; Marques, Lima, Abrams & Swift, 2014). Moreover, even the threat of stereotypes, raised by explicitly comparing an older person with younger people, can be sufficient to reduce mathematical and cognitive performance by as much as 50 per cent (Abrams et al., 2008). Furthermore, older people tend to view ill health and old age as strongly linked, are more likely to accept negative images of ageing and to attribute their problems to the ageing process and therefore, fail to seek necessary medical assistance. Older people are also sometimes reluctant to visit medical professionals, even to the point of rejecting lifesaving treatment, because of perceived ageism in the system (Fee, Cronin, Simmons, & Choudry, 1999; Golub, Filipowicz, & Langer, 2002; Sidell, 1995).

As much as negative age stereotyping can be detrimental, endorsing positive age stereotypes can be highly beneficial for older adults. For instance, Levy and colleagues (2002) showed in a seminal longitudinal study that older people with more positive self-perceptions of ageing lived 7.5 years longer than those with less positive self-perceptions after controlling for gender, socio-economic status, functional health, and loneliness. Members from our team found that a positive social comparison of older adults with younger ones can boost their performance in a task domain in which they are usually positively stereotyped (e.g., crossword

tasks; Swift, Abrams, & Marques, 2012). And very recently, researchers were able to show that implicitly exposing older adults to positive age stereotypes can strengthen positive self-perceptions of aging and, in turn, improve physical functioning compared to a control group (Levy, Pilver, Chung, & Slade, 2014).

These examples illustrate the potentially profound impacts of age-based perceptions, stereotypes and attitudes on older people's health. They also show that social interventions that aim to foster positive age stereotypes both in older adults as well as the wider society should have profound positive effects on older people's health outcomes. Yet, in order to achieve this, more knowledge is needed about the antecedents of ageism. This is one of the core scientific goals of our research group EURAGE.

Contextualizing Ageing and Ageism: A Multilevel Approach

There is a steadily growing body of research on ageism, but research conducted by EURAGE has been the first to examine both individual-level and contextual-level effects in explaining people's attitudes toward old age (i.e., beyond the age of 70) and older people's experience of ageism in the European region.

The main idea of our multilevel approach is that psychological phenomena like age stereotypes and age prejudice do not emerge in a social vacuum. Groups and whole societies tend to share similar stereotypes and prejudices (Schaller, Conway III, & Tanchuk, 2002) which constitute a collective reality that has an impact on older people in terms of their aging experiences. The roots of this perspective are grounded in what is called a methodological collectivism. Durkheim (1897/ 1951) was one of its advocates and argued that there are societal "realities external to the individual" (p. 37) which exert some power over the individual

and neglecting them would mean gaining an incomplete understanding of human functioning. Recently, it has been suggested that a better understanding of social psychological phenomena can be gained if more attention is turned to these external social forces (Oishi, Kesebir, & Snyder, 2009).

External social forces can take the form of socio-cultural, but also socio-structural contexts. The first refers to collective social phenomena such as widely shared social representations, for example, about older people's social status in society. The latter refers to structural aspects of society such as economic and political systems (e.g., free-market capitalism vs. communism) and population structures (e.g., changing demographics). All of these can have an effect on older people (Oishi & Graham, 2010). For instance, if health care expenditures are cut substantially due to an economic recession and consequently health practitioners are confronted with making treatment choices and use age boundaries as a guidance, their prejudice is not just a result of individual psychological attitudes, but also of a socio-structural context that encourages discriminatory acts by motivating people to behave in a prejudiced manner (cf. Frymer, 2005).

One of the biggest challenges for social psychologists' attempts to take into account the macro-level context was the lack of proper research methods. Yet, the development of multilevel modelling opened new doors. It is a statistical regression approach that enables researchers to test multi-level theories. Multilevel modelling is used when data have a hierarchical or so-called nested or clustered structure which means that observations at one level of analysis are nested within observations at another level (Raudenbush & Bryk, 2002). In our research, the hierarchical structure consists usually of individuals (referred to as level-1 or

individual-level) who are nested within a specific society (level-2 or country-level), which requires a two-level analysis. The outcome variable is then measured at the individual-level and predictor variables can be used at both the individual- and country-level. A particular characteristic of multilevel modelling is that it takes into account the error associated with sampling at multiple levels (e.g., individuals and countries) and yields therefore more accurate estimates than ordinary regression analysis.

The Experiences and Expressions of Ageism Module in the European Social Survey (ESS)

In order to employ a multilevel perspective when examining ageing and ageism, the EURAGE team analysed data from the European Social Survey (ESS) which is an academically driven cross-national survey that has been conducted every two years across Europe since 2001. The survey measures the attitudes, beliefs and behaviour patterns of diverse populations in more than thirty nations. The ESS employs the most rigorous methodologies to achieve cross-national comparability of the data. The survey consists of a fixed module and two or three rotating modules. Round 4 with data collection in 2008 and 2009 included the rotating module on *Experiences and Expressions of Ageism*. The module was designed by members of the EURAGE group led by Prof Dominic Abrams (University of Kent), Prof Luisa Lima (CIS-IUL at ISCTE-IUL) and Prof Genevieve Coudin (Université Paris V). It contains 55 items which were developed and pilot tested extensively within a framework that has been subjected to detailed scrutiny, peer review and evaluation by experts in the ESS Central Coordinating Team.

The ageism module provides representative samples from 29 countries and over 55,000 individuals belonging to the European region (with the addition of Israel). The survey methodology is based on computer-based personal interviews, with national samples of between 1,215 and 2,576 people aged 15 years. The questions in the module reflect seven key domains which were guided by theoretical models from social psychology, i.e. social identity and self-categorisation theory (which focus on the way people categorise one another, and hence who they are likely to stereotype; Tajfel, 1981), stereotype content theory (why particular groups are stereotyped in particular ways; Fiske, Cuddy, Glick, & Xu, 2002), intergroup threat theory (how different types of threat give rise to prejudice; Stephan & Stephan, 2000), and intergroup contact theory (the idea that friendship across group boundaries can reduce intergroup prejudice; Wright, Aron, McLaughlin-Volpe, & Ropp, 1997).

Selected Key Findings

Our team has analysed the ESS data by studying both sides of the coin of ageism, i.e. the experience of ageism by older people as well as age prejudice of other age groups directed towards older people. In the following, we will present selected key findings from our ESS analyses with a focus on contextual effects. Although not reported in detail here, all of our analyses included relevant individual-level predictors and control variables.

Our first example deals with the issue that research in psychology tends to be dominated by theories developed in Western/wealthy societies which are often untested outside this context (Henrich, Heine, & Norenzayan, 2010). The paradox of well-being is an example of this bias. Previous studies have found that older people maintain high levels of subjective well-being which has been termed a paradox (e.g., Krauss et al., 2002) since many

factors that accompany the aging process are potentially impairing well-being (e.g., decline in health and cognitive functioning). We challenged this paradox as a *universal* psychological phenomenon and hypothesized that it is highly context-dependent (Swift et al., 2014). More specifically, we theorized that older people in poorer countries are subjected to a host of unfavourable factors such as poorer health care conditions and infrastructures than in richer countries which should impair their well-being. Using multi-level modelling and Gross Domestic Product (GDP) as a contextual moderating variable, we found indeed that the paradox of well-being occurred in relatively rich countries, yet, it was absent in relatively poor ones. Instead, there was a clear negative association between age and subjective well-being in these countries. This demonstrates that findings obtained in one particular context are not necessarily transferable to another context.

The next example deals with a highly debated issue in the literature, i.e. the income inequality hypothesis which proposes that an unequal distribution of income in a society is detrimental to individuals' health. Although there is plenty of empirical support for the significant link between inequality and ill-health, there has been much speculation about how exactly inequality gets under the skin. It has been argued that income inequality should give rise to individual and institutional discrimination (Wilkinson & Pickett, 2009) due to a greater orientation towards hierarchy and social dominance (Sidanius & Pratto, 1999). People at the bottom of the societal hierarchy – which is the case for older people in terms of their social status (Abrams, Russell, Vauclair, & Swift, 2011; Garstka, Schmitt, Branscombe, & Hummert, 2004) - should be especially vulnerable to discrimination and prejudice in these societies. The experience of discrimination on the other hand is detrimental to people's physical and mental

health (for a meta-analytical review, see Pascoe & Smart Richman, 2009). Hence, we hypothesized that in the case of older people, the link between inequality and health can be explained with a psycho-social pathway, i.e. the experience of age discrimination (Vauclair et al., 2014). Using a multilevel structural equation model, we found indeed that older people's experience of age discrimination was much higher in unequal societies and it significantly mediated the inequality-health link. This lends support to the idea that older people are more prone to the experience of ageism in some societal contexts than in others.

The next study is a good example of how we incorporate theories from other disciplines in order to better understand ageism. Modernization theory is one of the most cited (Bengtson, Gans, Pulney, & Silverstein, 2009), yet also controversial sociological theories in explaining why older people may have a lower social status in society. The main idea is that as societies become more modern - undertaking the shift from farm and craft production within families to more industrialized modes of production—the status of older people would diminish (Cowgill, 1974). This occurs due to competition for resources and power between age groups, early retirement, and lower income for older people, break up of communal ties with the family, and lower education and occupation status of older people compared with younger generations. We shed light on the controversy by showing under which specific conditions modernization predicts the perceived social status of older people (Vauclair et al., 2014). More specifically, we found that the perceived status was highest in more modern societies and employment rates of older people did not make any difference to the perceived status. However, there was a significant boost in older people's status in not so modern societies if older people's employment rates were higher. This suggests that the lack of resources in less modern societies

might trigger the perception of older people as a burden and therefore diminishes their perceived social status; however, these negative factors can be compensated if older people tend to remain professionally active and financially independent. This finding provides an important insight in relation to policies promoting active aging and raising positive perceptions of old age in certain countries.

In the last example, we suggested a paradigm shift in social psychological research on ageing research by showing that there is an important interplay between sociocultural and psychological variables (Marques et al., 2014). Drawing upon social identity theory (e.g., Hogg & Abrams, 1988), we found that older people's age identification was positively associated with ill-health in societies that afford them a low social status, but this link did not emerge in societies that afford them a high status. Through this study we can start to understand how individual and socio-cultural level processes combine to explain the experience of ageing in a more contextualized way.

Implications of Research by EURAGE

The primary aim of EURAGE is to extend current knowledge on ageism which has previously only been investigated within particular countries. By comparing different countries and cultures, we are able to examine differing age attitudes and ageing experiences and to what extent contextual factors can account for them. This allows us gaining a more comprehensive and contextualized understanding of ageism and how it can be tackled.

EURAGE is an international team of researchers specialising in ageism, attitudes to age and cross-cultural comparisons. It was established in 2010 by Prof Dominic Abrams from the Centre for the Study of Group Processes at the University of Kent (UK) and Prof Luisa Lima from

the Centre for Psychological Research and Social Intervention (CIS-IUL) at ISCTE-IUL (Portugal) and includes doctoral and postdoctoral researchers from both institutions. EURAGE has been working on a number of different projects analyzing and disseminating the findings. Besides analysing the ESS survey data, we also conduct research that includes experimental and qualitative approaches to answer important societal questions and to test social and psychological theory. Our website www.eurage.com contains more information about our various projects, collaborations, and outputs. It also includes the *Everyday Ageism Project* which is an online platform through which individuals can submit their everyday experiences of ageism. By providing a safe forum for people to anonymously share their experiences, the project aims to understand the consequences of ageism and the ways age discrimination can affect people's everyday lives.

One of our main missions is to inform policy-makers, stakeholders and end-users from different countries about ageism. As such, we are working closely with a number of organizations such as the *Institute of Ageing* and *Santa Casa da Misericórdia de Lisboa* in Portugal as well as the *Department of Work and Pensions* and *Age UK* in the United Kingdom. Among others, we have developed an age attitudes indicator set (Vauclair, Abrams, & Bratt, 2010) for the longitudinal Opinions Survey conducted by the Office for National Statistics in Great Britain (Sweiry & Willitts, 2012). Our work has provided policy directives to the *Department of Work and Pensions* about age equality and diversity in employment (Abrams, Vauclair, & Swift, 2011). And our report *Ageism in Europe* (Abrams, Russell, Vauclair, & Swift, 2011) evidenced two influential policy reports by *Age UK* (2011a, 2011b). These raised the

profile of ageism as a significant social issue and helped shape debates concerning age equality in the UK and the European parliament.

Conclusion

Our research has, for the first time, provided a large-scale and comprehensive analysis of the distinctive impact of both the individual and socio-cultural as well as socio-structural factors that affect people's attitudes to old age and experiences of ageism. The evidence points to some potentially important questions for policy and future research. As the population of the European region ages, in some countries faster than others, governments and policy makers are grappling with the question of how to change people's perceptions and expectations about ageing so that societies can adapt to these changes.

Our findings point to the importance of social interventions in order to improve the perceptions of older people in society. It is well-known that unfavourable stereotypes remain unchanged if there is no opportunity to meet out-group members (Vaughan & Hogg, 2005). Yet, to date the segregation of older people is socially accepted which occurs physically (e.g., through retirement homes) and socio-culturally (e.g., by focusing on the nuclear family). We suggest that in a fully inclusive and healthy society, age diversity and contact between generations should become an integral part of everyday life. As a long-term solution, there should be more intergenerational contact programmes - in the form of real or imagined contact (e.g., Abrams et al., 2008) – that are systematically implemented in school curricula and retirement homes. We are currently conducting such an intervention scheme in five different countries (see the *SiforAGE Project* chapter in this volume) and the preliminary results are very encouraging. We hope to create psychological bridges between generations (not just within

families) which may also strengthen equality, diversity and cohesion across other groups in society.

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